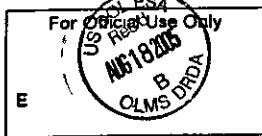


**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT**

1 File Number U <u>9705</u>	2 Fiscal Year Covered From <u>01/01/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>Guy Fujimura</u>  P O Box, Bldg Room No if any _____  Street <u>451 Atkinson Drive</u>  City <u>Honolulu</u>  State <u>HI</u> ZIP Code + 4 <u>96814</u>	3 Name file number and address of labor organization Name <u>ILWU Local 142</u>  Labor Organization File Number <u>216952</u>  P O Box, Building and Room Number if any _____  Street <u>451 Atkinson Drive</u>  City <u>Honolulu</u>  State <u>HI</u> ZIP Code + 4 <u>96814</u>
5 Position in labor organization <u>Secretary-Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
3 Name and address of Employer (including trade name if any) Name _____  Trade Name if any _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income        7 b Amount        

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Guy K Fujimura</u>	On <u>8/12/05</u> Date	<u>(808) 949-4161</u> Telephone Number

Name of Person Filing <u>Guy Fujimura</u>	File Number <u>U-</u>
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**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>The Hotel Industry - ILWU Pension Plan</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1221 Kapiolani Boulevard, Suite 900</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96814</u></p>	<p><b>9</b> Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>The Hotel Industry - ILWU Pension Plan</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>1221 Kapiolani Boulevard, Suite 900</u></p> <p>City <u>Honolulu</u></p> <p>State <u>Hawaii</u> ZIP Code + 4 <u>96814</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>The Hotel Industry - ILWU Pension Plan is a defined benefit multi-employer pension plan providing pension benefits for employees who are represented by the ILWU Local 142 and is therefore a trust in which the ILWU Local 142 is interested Per Department of Labor guidelines, it is also a business that needs to be reported on my LM-30</u></p> <p><b>11 b</b> Approximate dollar value of such dealing _____</p> <p><b>12 a</b> Nature of interest held or income received</p> <p><u>The income received consists of expense reimbursements attributable to travel expenses incurred while attending trustee meetings or trustee educational conferences</u></p> <p><b>12 b</b> Amount <u>see attached</u></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <u>Asian Pacific American Labor Alliance, AFL-CIO</u></p> <p>Trade Name if any _____</p> <p>P O Box, Bldg Room No if any _____</p> <p>Street <u>815 16th Street</u></p> <p>City <u>Washington</u></p> <p>State <u>D C</u> ZIP Code + 4 <u>20006</u></p>	<p><b>14 a</b> Nature of payment</p> <p><u>Reimbursement of meals at 8/20-21/04 Executive Board meeting</u></p>
<p><b>13 a</b> Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p><b>14 b</b> Amount of payment <u>\$65 00</u></p>

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calender year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended Form LM-30.

Name Guy Fujimura

5-digit file number Not available

Ending date of reporting period 12/31/04

12 a	Reimbursed expenses related to	12 b	Amount
	January 16-17, 2004 trustees meeting		
	Hotel room plus transportation and portorage		\$377 00
	Meals while at meeting		\$146 00
	Room tip and airport parking		\$128 00

12 a	Reimbursed expenses related to	12 b	Amount
	June 13-16, 2004 International Foundation of Employee Benefits Trustees & Administrators Institute educational conference		
	Registration fee		\$855 00
	Airfare		\$788 00
	Gas (for rental car)		\$ 16 00
	Hotel		\$701 00
	Meals and tips		\$249 00

The transactions, dealings and interests that are reported on this Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calender year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported, I will file an amended Form LM-30.

Name Guy Fujimura

5-digit file number Not available

Ending date of reporting period 12/31/04

12 a	Reimbursed expenses related to	12 b	Amount
	July 16-17, 2004 trustees meeting		
	Hotel room plus portorage		\$188 00
	Meals while at meeting		\$ 72 00
	Gas (for rental car)		\$ 17 00
	Meals, tips, airport parking		\$ 68 00

12 a	Reimbursed expenses related to	12 b	Amount
	December 1-4, 2004 International Foundation of Employee Benefits 50th Annual Conference		
	Registration fee		\$890 00
	Airfare		\$927 00
	Hotel		\$564 00
	Taxi, meals and tips		\$332 00

Name of Person Filing <u>Guy Fujimura</u>	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name if any)</b>  Name _____  Trade Name if any: _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 <u>7</u>	<b>9 Business deals with</b>  <input type="checkbox"/> a Labor Organization  <input type="checkbox"/> b Trust  <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b>  Name _____  Trade Name if any: _____  P O Box, Bldg Room No if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11 a Nature of such dealing</b>       <b>11 b Approximate dollar value of such dealing</b> _____  <b>12 a Nature of interest held or income received</b>       <b>12 b Amount</b>

**C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**

<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b>  Name <u>Palm Springs Riviera Resort</u>  Trade Name if any: _____  P O Box, Bldg Room No if any _____  Street <u>1600 North Indian Canyon Dr</u>  City <u>Palm Springs</u>  State <u>CA</u> ZIP Code + 4 <u>92262</u>	<b>14 a Nature of payment</b>  Room amenity of cheese and salami (shared with other participants at conference) on 2/01/04
<b>13 a Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/>	<b>14 b Amount of payment</b> <u>\$30 00</u>